2001 UNIFORM BUSINESS REPORT (UBR)

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FILED Jan 30, 2001 8:00 am DOCUMENT # 573430 **Secretary of State** 1. Entity Name EJB SERVICE CORP. 01-30-2001 90154 015 ***150.00 Principal Place of Business Mailing Address 15111 N. LONGBOW BEND 15111 N. LONGBOW BEND DAVIE FL 33331 DAVIE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1829954 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARBER, EDWIN J. Street Address (P.O. Box Number is Not Acceptable) 15111 N. LONGBOW BEND DAVIE FL 33331 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VPT** TITLE Change [] Addition TITLE ☐ Delete BARBER, EDWIN J. NAME NAME 15111 N. LONGBOW BEND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAVIE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE BARBER, BARBARA S. NAME NAME STREET ADDRESS 15111 N. LONGBOW BEND STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the accessor or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attgchment with an address, withyall other like impowered.

EDWIN J. BARBER

15111 N. LONGBOW BEND

PED OR PRINTED NAME OF SIGNING OFFICER OR DUTSANTE, FL. 33331-3903